Electronic Articles of Organization
For
Florida Limited Liability Company

L07000087097
FILED 8:00 AM
August 24, 2007
Sec. Of State
dcurry

Article I

The name of the Limited Liability Company is:

ACCURATE CLAIMS MEDICAL BILLING SERVICE, "LLC"

Article II

The street address of the principal office of the Limited Liability Company is:

1527 BAY VIEW STREET
TARPON SPRINGS, FL. 34689

The mailing address of the Limited Liability Company is:

1527 BAY VIEW STREET
TARPON SPRINGS, FL. 34689

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

CHARLENE M MACOMBER
1527 BAY VIEW STREET
TARPON SPRINGS, FL. 34689

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: CHARLENE M MACOMBER

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Article V

The name and address of managing members/managers are:

Title: MGR
CHARLENE M MACOMBER
1527 BAY VIEW STREET
TARPON SPRINGS, FL. 34689

Article VI

The effective date for this Limited Liability Company shall be:

08/24/2007

Signature of member or an authorized representative of a member

Signature: CHARLENE M MACOMBER